ARIZONA STATE BOARD OF HEALTH	
L. PLACE OF BROSS	ITAL STATISTICS Registered No. 3-3
County NUA State Wysour	
District or Township gr Village of Oo Box 1/45- Mamielly	
on Mami No 22 Van Winkle Canon's, Ward	
(If birth occurred in a hospital or institution, give its NAME instead of street and number) If child is not yet named, make 2. Full name of child	
3. Sex of Child To be answered ONLY A. Twin, triplet or other 6. Legitimate 7. Date . T. L. 10.20	
Mall in event of plural births. S. No., in order of birth Yla of birth Of birth Jox. Month Day Year	
Full name Wilfred W. Crockett	14. Full maiden name Jacy Boggs
9. Residence (Usual placefor abode) Mami	16. Residence (Usual place of abode) Miami).
If non-resident, give place and state. Willyoua.	It non-resident, swe place and state. Willowa.
10. Color or race 11. Age at last birthds 27. (Years)	16. Color or race 17. Age at last birthday 2. 4 (Years)
12. Birthplace (city or place) Sima. (State or country) Wysona	18. Birthplace (city or place) Safford 1 (State or country)
13. Occupation	19. Occupation
Nature of Industry Lumberman	Nature of Industry Housewill
20. Number of children of this mother	
certified and including this child.) (c) Stillborn	
CERTIFICATE OF ATTENDING PHYSICIAN OF MIDWIFE	
I hereby certify that I attended the birth of this child, who was All all attended the birth of this child, who was All attended the birth of this child, who was All attended the birth of this child, who was All attended the birth of this child, who was All attended the birth of this child, who was All attended to the birth of	
When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn, hild is one that neither breathes nor	
shows other evidence of life after birth.	Miami, arisona
a supplement report Month, day, year Address 11 Warm, War 35 16.8 10 mg.	
22.2 C O L Registrar. Registrar.	
333 - 211 - 122 megistrati	
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